

PART H, DIVISION III	SECTION III	ISSUED	PAGE
MEDICAL DAY TREATMENT	PRIOR AUTHORIZATION	04/94	3H3-001

A. GENERAL REQUIREMENTS

Prior authorization safeguards against unnecessary utilization of care, promotes the most effective and appropriate use of available services, and assists in cost containment. Providers need prior authorization for certain specified services before delivery, unless the service is an emergency. Payment is not made for services provided either prior to the grant date or after the expiration date indicated on the approved prior authorization request form. If the provider renders a service which requires prior authorization without first obtaining authorization, the provider is responsible for the cost of the service.

B. SERVICES REQUIRING PRIOR AUTHORIZATION

As specified in HSS 107.13(4)(b), Wis. Admin. Code, prior authorization is required from EDS prior to the provision of services for:

- Day treatment services provided beyond 90 hours in a calendar year;
- All day treatment services provided to recipients with inpatient status in a nursing home;
- All day treatment services provided to recipients who are concurrently receiving psychotherapy, occupational therapy or AODA services.

Providers are advised that prior authorization does not guarantee payment. Provider eligibility, recipient eligibility, and medical status on the date of service, as well as all other Wisconsin Medical Assistance Program (WMA) requirements, must be met prior to payment of the claim.

C. PRIOR AUTHORIZATION CRITERIA

The guidelines for prior authorization of medical day treatment services are in Appendix 10 of this handbook. The guidelines represent generally accepted parameters by which individual requests can be adjudicated. They are used along with the clinical judgement of the WMA's mental health consultant to adjudicate prior authorization requests.

The guideline format divides the delivery of medical day treatment services into three categories:

- rehabilitation (for an initial, acute, mental health problem);
- maintenance (for a long-term, relatively stable, mental health problem); and
- stabilization (for decompensation or acute exacerbation of a long-term, mental health problem).

The guidelines are based on an analysis of actual statewide data for WMA medical day treatment services.

Providers are reminded that WMA consultants review and adjudicate prior authorization requests on a case-by-case basis. It is, therefore, essential that adequate explicit clinical information be provided on each prior authorization request. Prior authorization requests may be returned to providers for additional information when the initial request does not contain adequate information to adjudicate the request. Returned requests are not denials. Providers are responsible for providing adequate, updated, information to allow the mental health consultant to determine the appropriateness of the services being requested. The additional information must be added to the returned request, and resubmitted to EDS. Do not complete a new PA/RF.

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**D. PROCEDURES
FOR OBTAINING
PRIOR
AUTHORIZATION**

Section VIII of Part A of the WMAP Provider Handbook identifies procedures for obtaining prior authorization including emergency situations, appeal procedures, supporting materials, retroactive authorization, recipient loss of eligibility midway in treatment, and prior authorization for out-of-state providers.

Providers requesting prior authorization for medical day treatment must complete the PA/RF and the prior authorization day treatment attachment (PA/DTA). Samples of the PA/RF and PA/DTA along with completion and submittal instructions are in Appendices 6, 7, 8, and 9 of this handbook.

Send completed prior authorization request forms to:

EDS
Attn: Prior Authorization Unit
Suite 88
6406 Bridge Road
Madison, WI 53784-0088

Prior authorization request forms can be obtained by writing to:

EDS
Attn: Form Reorder
6406 Bridge Road
Madison, WI 53784-0003

Please specify the form requested and the number of forms desired. Reorder forms are included in the mailing of each request for forms. Do not request forms by telephone.

**E. SPECIAL
CIRCUMSTANCE
S AFFECTING
PRIOR
AUTHORIZATION**

When to Request Prior Authorization

Because a provider may have no way of knowing whether or not a recipient has received services from another provider and has, therefore, reached the prior authorization threshold, providers are encouraged to request prior authorization as soon as possible when providing medical day treatment services. Because the WMAP ordinarily grants prior authorization to only one psychotherapy/AODA provider at a time, requesting prior authorization helps protect the provider against potential denial of services.

Any part of the 90 hours of service which may be reimbursed without prior authorization that is not used, is available for the recipient's use for the remainder of the calendar year.

Determination of Grant Dates

The prior authorization grant date (i.e., the first date of service which may be reimbursed under the authorization) is the date the prior authorization request is received at EDS unless the provider specifically requests otherwise. When a request is returned to the provider for additional information, the grant date does not change if returned in a timely manner.

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E. SPECIAL CIRCUMSTANCES AFFECTING PRIOR AUTHORIZATION
(continued)

Procedures for Backdating Prior Authorization Requests

Backdating of prior authorization requests up to two weeks prior to the date the prior authorization is received at EDS may be allowed at the discretion of the WMAP mental health consultant. The provider must request the backdating and must indicate the clinical rationale for the backdating on the prior authorization attachment or in a narrative submitted with the prior authorization request. The WMAP does not backdate requests for continuing authorization by the same provider.

Backdating for Services by Multiple Providers Exceeding the Prior Authorization Threshold

Providers may request backdating of prior authorizations to cover services which were denied because they exceeded the prior authorization threshold. In these cases, authorization may be granted for services provided more than two weeks prior to the receipt of the prior authorization request at EDS. Requests for backdating prior authorizations are considered if:

- More than one medical day treatment provider provided service during the period for which the backdating is requested; and
- The provider must document an inability to obtain information from the recipient or other provider which would have allowed the provider to determine that prior authorization would have been required.

Service Interruptions

If a provider is unable to use all prior authorized services during the prior authorization grant period due to unforeseeable interruptions in service (e.g., recipient illness or vacation), the provider may request an extension of the grant period. The provider should write a letter indicating the change requested and the reason and attach it to a copy of the approved PA/RF and send these to the EDS Prior Authorization Unit. Gaps in service exceeding one month require special justification.

If a recipient transfers to another day treatment provider before the expiration of a prior authorization period, the provider should notify the EDS Prior Authorization Unit of the exact date care is terminated so that a new prior authorization may be granted. If a provider is requesting prior authorization for a recipient who has an approved prior authorization from another provider and the other provider will not cooperate with terminating their authorization, the requesting provider should include a signed letter from the recipient indicating that he or she is no longer receiving services from the other provider. Indicate specific beginning and end dates.

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**E. SPECIAL
CIRCUMSTANCES
AFFECTING
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(continued)**

Concurrent Mental Health/AODA Prior Authorizations

Prior authorization is required for all medical day treatment services for individuals receiving concurrent mental health or AODA services under HSS 107.13(4)(b)1c. Wis. Admin. Code. Individuals involved in primary AODA treatment (intensive or day treatment) will generally not be eligible for concurrent medical day treatment. Medical day treatment may be granted concurrently with outpatient psychotherapy or AODA treatment when the provider demonstrates that all three of the following conditions are met.

1. The recipient is diagnostically appropriate for both services.
2. The providers are communicating with each other about the recipient's needs, the treatment is coordinated, and the day treatment services augment the other outpatient services.
3. One of the following statements is true:
 - There is a pre-existing relationship between the recipient and the outpatient provider.
 - The recipient has appropriate day treatment needs, but the recipient also has a need for specialized intervention which the day treatment staff is not trained to provide.
 - The recipient is transitioning from day treatment to outpatient services.

In general, a recipient who is able to benefit from outpatient services will not require as high a level of day treatment services and the consultant may modify the hours requested based on his or her clinical judgement. Refer to the consultant guidelines in Appendix 10 of this handbook for additional information.